

Petersfield School



Petersfield School Class of 1946. Teacher – Miss H Warning – Grades 1 – 5. Back row – Rosemary Hines, Thomas Greyeyes, George Bowman, Betty Greyeyes. 4th row – Audrey Walters, Zelda Vosper, Phyllis Walters, Myrna Greyeyes, Donald Veitch, Richard Schultz, Tom Simpson, Gary Brown. 3rd row – unknown, Danny O’Conner, Karl Schalk, Leonard Schultz, Marin Einarson, Beverley Sinclair, Mae Henry, Esther Macfarlane, Mary Boehmer. 2nd row – — McRae, Will Schmid, Ben Schmid, unknown, — Brown, Joe Koch, — Hines, Richard Vitt, George Greyeyes. 1st row – — Brown, Roy Vosper, Allen Veitch, unknown, Joe Janisch, Sylvia Sinclair, Gwynneth Williams, Betty Brown, Ruth Jacoby, Irene Schalk.



Petersfield Class of 1963. Back row – Mrs. Dorothy Simpson, Robert Boehmer, John Donohoe, Henry Hall, Joey Inkster, Peter Charlo, Robert Hermanson, Archie Sinclair, Donald Lomax, Hugh Veitch, Patrick Riley, Robert Schofield, Albert Aime. Middle row – Dale Carter, George Einarson, Brian Pendree, Ken Dalman, Robert Inkster, Paul Penner, George Tio, Robert Gudmundson, Patrick Hermanson, Ken Veitch, Michael Riley, Grant Meier, Tom Hermanson. Front row – Wendy Schuster, Carol Lomax, Susan Tio, Sandra Inkster, Evelyn Veitch, Ida Dalman, Raymond Armstrong, Joan Koch, Brenda Murdoch, Cathy Murdoch, Linda Hermanson, Patsy Armstrong, Janie Murdoch.

St. Andrews School

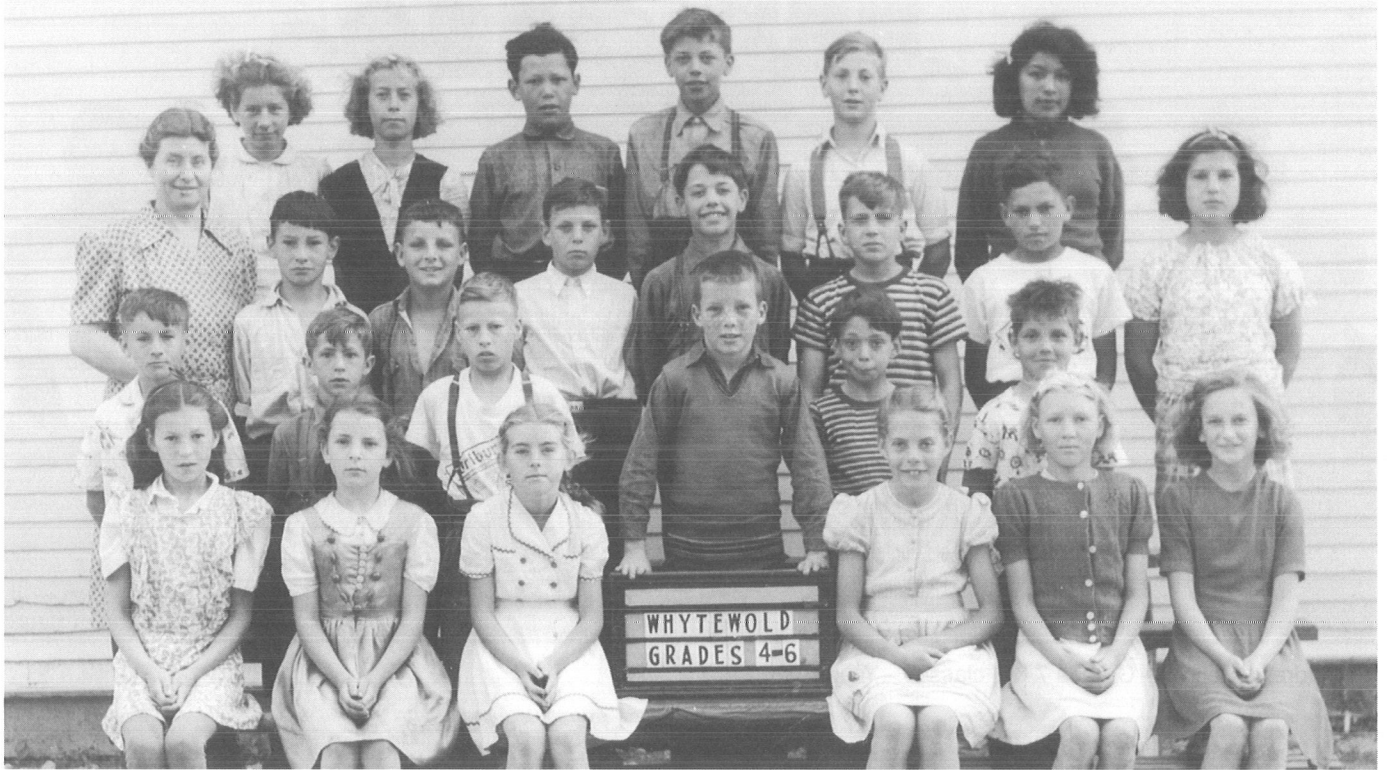


St. Andrews School – Grades 7 & 8 classes – Year 1939.



St. Andrews School – 1942. Grades 4, 5 & 6. Miss Gunnlaugson – teacher.

Whytewold School



Whytewold School Grades 4-6. Back row – Lorraine, Dorothy, Victor, George, Don, Isabel. 3rd row – Mrs. McPherson, Ivan, Jack, Richard, Harry, Brian, Bob, Jeanette. 2nd row – Tony, Peter, Arthur, Reg, Paul, Billy. Front row – Lorraine, Ella, Jean, Gloria, Betty, Victoria, Judy.



Statement of Taxes for Rossdale School

Rural Municipality of St. Andrews

Statement of Taxes for Year 1909.

Mr. W. A. McDonald

Folio No. 132 P.O. St Andrews

Block _____ Lot _____ Village _____

W. A. Sec. 14 Tp. 12 Rge. 3 Total Assessment \$ 640.

District Rate at 1-2 mill in \$		
General Rate at 13 mills in \$		
General School Rate at3 mills in \$		
<u>Rossdale</u> School Tax at mills in \$		
<u>Rossdale</u> School Tax at 7 mills in \$		
..... School Tax at mills in \$		
Noxious Weeds		
Total for 1909	<u>1304.</u>	
10 per cent rebate		
Net Amount		
Arrears	<u>1866.</u>	
Total	<u>3170</u>	

If any person served with, or having received a statement of taxes neglect to pay same for 30 days after such demand, the Treasurer or Collector is authorized to levy the same with costs by distress and sale of the goods and chattels, wherever found, of persons who ought to pay the same.

On taxes of 1909 paid on or before **15 Dec.** a reduction of 10 per cent. will be made. From the fifteenth day of December until the last day of February taxes shall be payable at par; on the first day of March in each year thereafter, as a penalty, an additional sum amounting to 10 per cent of all arrears of taxes, shall be added thereto. Postage Stamps not taken.

JOHN MACDOUGAL, Sec.-Treasurer

LOWER FORT GARRY, MAN. Nov. 20 1909

REGISTRATION OF BIRTHS, MARRIAGES AND DEATHS

These must be registered within 30 days; failure to register as hereinafter directed subjects the defaulter to a penalty of twenty-five dollars and cost, viz:

BIRTHS:—By father, mother, guardian, occupier of house in which child was born, or by medical practitioner or nurse present at the birth.

MARRIAGES:—By officiating Clergyman.

DEATHS:—(a) Before burial, by the occupier of house in which they occur or by some person present at the death; or (b) Clergyman performing service over any body without receiving certificate of registration of death. Medical practitioners must register the cause of their patients' deaths within one month.

Forms of Registration can be obtained free from Municipal Clerks and Postmasters and when filled up will be returned free of postage to Municipal Clerks.

Copyright Form of 1905 by Richardson & Bishop, Ltd. Winnipeg. 19010

Health

Interlake Regional Health Authority Establishment of Regional Health Authorities within Manitoba

Quality of Health for Manitobans – “The Action Plan” was introduced in May of 1992, and provided a detailed path to achieve healthier communities. The Action Plan also saw the establishment of the Northern/Rural Health Advisory Council, which would develop the framework for creating the concept of Regional Health Authorities.

The Northern/Rural Regionalization Task Force was established in 1995 to formulate the transition process on behalf of all levels and departments within the health sector. In January of 1996, ten Regional Health Associations were incorporated, thus providing each authority to plan and direct the delivery of health services within their region.

The Regional Health Authorities Act (Bill 49) became legislation on April 1, 1997, officially transferring responsibility for the provision of core health services from municipal hospital boards and Manitoba Health to the Regional Health Authorities across the province.

Each Regional Health Authority is therefore responsible to administer and provide for the delivery of health programs and services to meet the needs of their region as identified by an ongoing Regional Health Assessment. This provision of service and utilization of available resources such as staffing and funding is now viewed on a regional level, rather than singular views based on individual communities, facilities or areas.

Each Regional Health Authority remains accountable to the Minister of Health, and proactively establishes goals and objectives in an accordance with both Regional Health Authority and Provincial goals.

Health by Muriel Haddad

What is health? According to the World Health

Organization it is a state of complete physical, mental or social well being and not merely the absence of disease or infirmity.

All St. Andrews people are in the privileged position of being able to go approximately 20 miles (30 kilometers) and be at a hospital or medical facility. This was not the case in the early years.

St. Andrews does not have a facility within its boundaries, but we contribute to the operations of the Selkirk General Hospital.

The first General Hospital built in Selkirk was on Manchester Avenue next to the Red River. The reason for this location was easy access by either land or water. It opened in the year 1908 and was replaced by a more modern and larger one on the same grounds around the year 1952. The community volunteers played a large role in having these projects come to completion. During the initial building project, donations of coal, wood and food were regularly made, along with the Ladies Auxiliary and many other fund raising projects.

As the second hospital became outdated our third Selkirk General Hospital was built on the north west side of town, near the Mental Health Centre, with access from Easton Drive (formerly known as #9 Beach Highway). Our current hospital, rated for 75 beds, was opened in 1982. It is the only hospital in the Interlake area providing a full range of services. Many doctors have the privilege of using this facility.

For many years there were only a couple of doctors to tend to the peoples needs. They would make housecalls if necessary. They went to schools to check the students and give the inoculations as preventative health measures. This went a long way in reducing the outbreaks of diphtheria, small pox, scarlet fever, whooping cough and later polio. Later on public health nurses took on this task.

Tuberculosis was quite common and there were travelling X-ray clinics to check for this disease. People, if infected with this disease were usually sent to a TB Sanitarium for treatment. The introduc-

tion of antibiotics such as penicillin helped to make the doctoring and caring of the sick a lot easier.

Polio has been a disease that crippled and killed many. It was formerly known as Infantile Paralysis. This disease seemed to go in cycles, with many more being afflicted in one year over another. Many people had to be sent to Winnipeg and placed in iron lungs in order to live. The discovery of the polio vaccine has virtually eradicated this disease.

Many people in the olden days might have gone through life without seeing a doctor or the inside of a hospital, thanks to the midwives and early medicines the people learned about from each other.

Mental illness has been with us for centuries. It has only been the last few decades that strides have been made to develop drugs that will help people cope with this affliction. As more is learned about the workings of our brain it is becoming easier for these people to get the help they so deserve. People can now get help at their closest medical centre for mild cases of this illness. More difficult cases are treated at the only long term care facility for the mentally ill, in Selkirk Manitoba. Current statistics stated that one in seven people will have some type of mental illness sometime in their lifetime.

In pioneer days people were very physically active. This was necessary in order to survive. The modern conveniences that make our modern day a lot easier were not invented, were just a dream. We washed clothes by hand and hung them on a line, now we may have automatic washing machines and dryers. To get from one place to another we either walked or rowed a boat, now we may go by car, plane or by motorized boat. Heating our homes involved cutting and hauling wood, now we may do that also or we can just turn up the thermostat and our home becomes toasty warm.

Going to school in the early days was a luxury for many. Some walked many miles to obtain an education. Today children need only walk a short distance and they are then bused to school. The walking exercise is diminished. How things have changed!

For good mental health we need a good balance in life. This means some physical and mental challenges and some relaxation. Some people now go to a gym for exercise and stress relief, others go for walks, while still others may curl up in a chair with a book, a hobby or watch some TV if their work has been physically active.

Sports have been around since time began. Coordination in doing an activity be it skating, hockey, soccer, baseball, swimming, walking, running, calls upon a person to concentrate and coordinate our muscles and minds.

As we age, it is many a person's dream to live in their own home as long as possible. It is becoming quite rare now, that as our parents or neighbours age, one of the children or a friend takes them into their home to spend their declining years. In many homes, all people are away all day either at work or school. One of the solutions to this problem has become known as home care. An able younger person comes to the home and assists the people in tasks they are having difficulty performing, be it cooking, bathing, or house cleaning. Home care is also available for someone recovering from surgery or ill health, as people are being discharged from hospital much quicker than a decade ago.

To have good health is something every person strives for either knowingly or unknowingly. Thanks to more knowledge about the workings of our body and scientific discoveries in methods of treating problems that occur, our dreams of a good long healthy life are a lot closer to being realized than they were one hundred-plus years ago.

Here's to good health to each and every one of you.

Selkirk Mental Health Centre The Past

It wasn't until 1886, when the Manitoba Asylum was built in Selkirk, that the Canadian prairies had separate facilities to care for the mentally ill.

The first structure, known as the "main building", was in use up to 1978 when it was demolished because of unsafe living conditions. This was a traumatic event for some of the patients and many of the staff, who felt that a link with the past had been severed.

That past started with Dr. David Young. He was the Asylum's first medical superintendent.

Since his brother, Peter, had a general store at "The Rapids" (now Lockport), Dr. Young moved to the Lower Fort Garry district after graduating with a degree in surgery and medicine from Queen's University in Kingston, Ontario. He established his medical practice in Selkirk with an office over Colcleugh's Drug store.

In 1871 an old warehouse at Lower Fort Garry, or the "Stone Fort" as it was called, was designated for use as a penitentiary to house both prisoners and mentally ill patients, according to the custom of the times. Dr. Young was appointed as the medical officer and this served as his introduction to the care and treatment of these patients. In 1877 a federal penitentiary was erected at Stony Mountain and the patients were again included with the prisoners in the transfer.

The Red River settlement was growing in size

and importance and Dr. Young remained in the Lower Fort Garry district. He worked tirelessly serving as general practitioner to settlers, military personnel and newly formed North West Mounted Police.

Due to overcrowding at the Penitentiary, the patients were transferred back to quarters at Lower Fort Garry in 1885. Dr. Young was again appointed as their medical supervisor. A new hospital was under construction in the Town of Selkirk and the patients were moved there in May of the following year. Dr. Young hired an experienced matron, Miss Euphemia McBride, who had held a similar position in an asylum in London, Ontario. Her assistant was Miss Carrie Kennedy, the chief attendant, George Black and the bursar, James Colcleugh.

Young Follows Reforms

Reforms in the treatment of the mentally ill had begun to take place in mid-century and although Dr. Young had probably never had any special schooling in psychiatry, his methods seemed to follow the philosophy. The fact that Dr. Young was open to considering alternate methods of treatment was evidenced in a letter he wrote to the Minister of Public Works in 1903 requesting permission "to visit other asylums in Ontario and adjoining States to see how other institutions are managed and in which respects our methods of treatment might be improved". Treatment of patients admitted to the Manitoba Asylum followed humane principles. It contained no devices for harsh physical restraint. Dr. Young seems to have preferred reasoning with the patients. Sometimes he resorted to treating patients with sedatives such as whiskey, morphine, potassium bromide and chloral, and hyoscyamine. Sometimes he imposed a "punishment to fit the crime" when a patient went to extremes. For instance, one patient destroyed her bed and was made to sleep on the floor for some time after. However Dr. Young generally chose to use persuasion to control unacceptable behavior.

Work and recreation were also methods of therapy employed. Men planted gardens and worked on the farm. Women did tasks such as sewing. Religion was an important part of the patients' activities. Services were performed by clergymen representing several different faiths. As well, church members staged social events for the patients. The patients' participation in these and other similar occasions seems to have been strongly encouraged.

Dr. Young showed a similar concern for the staff members. He wrote a letter in the early 1900's requesting permission to hold a dance for the staff so they would know that their services were appreciated.

In 1903, Dr. Young reported on a visit from Premier Rodmond Roblin, who expressed the "greatest satisfaction with everything he saw and wished to compliment us on the manner in which patients are cared for." So, in spite of his lack of formal training in psychiatry and his lack of experience in administration of a large institution, Dr. Young appears to have done a creditable job in both areas.

The wonder is that he was able to spend any time on the patients, so demanding does the administration of the institution appear to have been. Vast amounts of his time must have been taken up in reporting to the Minister of Public Works. His letters dealt with such topics as boiler tubes; ordering seed, beds, a team of horses; breakdown of the water system; problems with the steam heating system, etc. A letter had to be written explaining all the details each time a patient "eloped", (left the Asylum without permission); as well as a letter detailing every resignation with an accompanying request for permission to recruit another worker. He even wrote a separate letter enclosing the routine reports of each month's admissions and discharges. Each letter began, "I have the honour to report..." and closed "I have the honour to be, Sir, Your obedient servant...". An annual report was submitted each January, the enclosure letter from Dr. Young invariably apologizing for the lateness of the return. All replies from Winnipeg were typed over the title of the Chief Clerk. The tone of these letters frequently appeared to be cold and occasionally reproving or critical, e.g. over the number of elopements.

Although the hospital had only been built in 1886, by the late 1800's and early 1900's Dr. Young was expressing serious concerns about the "crowded conditions of this Asylum and the necessity which exists for increasing the accommodations...". The changes were requested in order to segregate convalescing, quiet, well-behaved female patients "from (the commotion and actions of) others who have lost control over their mental faculties". A small extension was added in 1900. In 1901 plans were made to convert the Bursar's quarters into wards for patients.

Dr. Young continued at the Selkirk Asylum until the first of March 1912 when he retired at the age of 65. It was due to his urging that the word "Asylum" was changed to "Hospital" by the Manitoba Legislature in 1910. Dr. Young died at the home of one of his sons in 1931 at the age of 84. Burial was in the church yard at Little Britain. During his 25 years as medical superintendent he practiced a standard of patient care which has stood the test of time.

Other superintendents who followed him continued the standard of care and treatment pioneered

so well by Dr. Young. Similarly Miss McBride was succeeded by dedicated matrons, the last in this unique position being Miss Mary Alberta Honibrook, who retired in December 1967 and who, prior to her death in April 1982, returned to the Centre for special events. She always received a warm welcome on these occasions as she was remembered fondly by all who worked with her.

Facilities Grow and Modernize

A "Home for Incurables" was established in Portage la Prairie and another asylum at Brandon was opened in 1891. In spite of these additions and the minor renovations of 1900 and 1901, there was still serious overcrowding at the Selkirk Asylum in 1904, with patients being bedded down on "shake-downs" in the corridors at night. In 1909 Selkirk and Brandon were caring for all the mentally ill people in what is now Manitoba, Saskatchewan and Alberta, a territory with an estimated population at that time of one million. With a new main building at Brandon, Selkirk and Brandon had a combined accommodation for approximately 1500 by 1914. The situation was relieved for a few years when Alberta and Saskatchewan took responsibility for their own patients. Still the wards were excessively large and there were no facilities for proper classification or segregation of patients.

Finally in 1921 a beginning was made on a fully modern Reception unit which opened in 1923. The gift of a veterans' hospital had been offered to the Province of Manitoba by the United Kingdom following World War I. As Deer Lodge Hospital had already been developed, it was decided to utilize the gift as a mental hospital. It was designed in the "Scottish baronial" style. Workmen came from the United Kingdom to Selkirk to lay the distinctive roof tiles. The building provided facilities for the thorough investigation and treatment of all new admissions. The design and equipment were up to date and this attractive unit no doubt helped to lessen the public's fear of mental hospitals. It is still a beautiful building today and can accommodate over 100 patients, as well as treatment and office staff.

Schools for training psychiatric nurses had been established in 1920. A Nurses' Residence was constructed and opened up at the Selkirk Mental Hospital in 1926. The next building erected was one originally known as the North Wing, of G-H Unit, (later changed to B unit). This building opened in 1931. The infirmary unit was built in 1953 and opened up in 1954 for the care and treatment of psychogeriatric patients, some of whom were bed ridden. An operating room was part of the planning and

surgical operations were performed. Today, Mental Health Centre patients are referred to general hospitals if surgery is required. In January 1964 the newest unit, Selkirk Psychiatric Institute, was opened and by 1967 there were approximately 300 admissions a year and the total patient population was 1200.

During the late 1950's and early 1960's, two important developments occurred which dramatically changed the direction of mental health services. The introduction of new medications effectively stabilized the more unusual symptoms of the mentally ill to a point where a return to community living became an option. The medications allowed for the introduction of remotivation and rehabilitation programs and the subsequent placement of patients in foster homes. This, together with changing public attitudes, made it possible for larger numbers of treated patients to be released from mental institutions. Selkirk Mental Hospital was in the forefront of this exodus, which became general in most of the western world. This development resulted in a drop in patient population from over 1200 in 1957 to the Centre's current daily average of 300. There has been a corresponding active program of outpatient follow-up.

In order to effect this progressive movement, the Centre initially provided a placement and follow-up program staffed by psychiatrists, psychologists, occupational therapist, social workers and community nurses. Gradually, as many communities in Manitoba began to accept responsibility and develop resources for the provision of mental health services, the Centre redirected most of its follow-up services to community based programs and provided a nucleus of expertise to these developments. At this time the name was changed from Selkirk Mental Hospital to Selkirk Mental Health Centre.

S.M.H.C. Today

The Centre is staffed with psychiatrists, nurses, social workers, occupational therapists and psychologists who participate in treatment teams whose purpose is to meet the patients needs and to further plans which will allow for their return to community life.

The Selkirk Healing Centre by Helen Skrypnik

A national addictions treatment centre targeted to Aboriginal persons from across Canada was established at the former St. John's Anglican Cathedral Boys School site, Part of River Lot 41, Parish of St. Peters in 1994, with the first resident entering January 9, 1995. The Selkirk Healing

Centre is a private nonprofit organization established by the St. Norbert Foundation Inc. It is dedicated to providing addictions treatment.

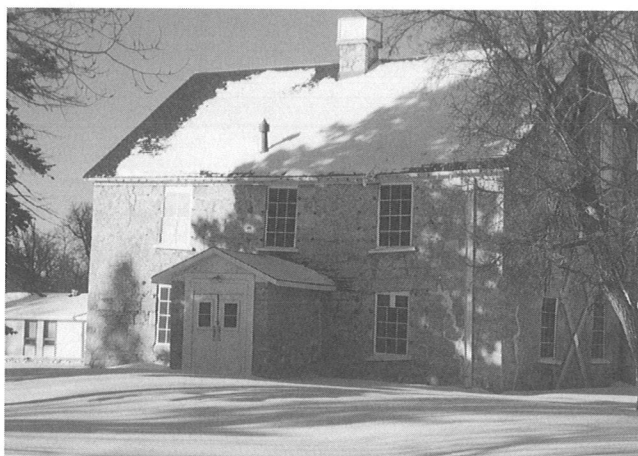
The use of the property could be seen as a return to native roots. As reported in the Selkirk Journal of May 23, 1994, development of the property began about 1862 with the construction of a two-story stone building, originally the rectory for St. Peter's, the Indian Parish north of Selkirk. This building was renamed Dynevor Indian Hospital in 1896, and until 1957 served as a tuberculosis treatment centre, one of a handful of facilities devoted to aboriginal health care in Canada. The property was then occupied by the St. John's Cathedral Boys' School from 1958 until its closure in June of 1990 shortly after which time the Healing Centre was established.



The Selkirk Healing Centre.

The purpose of the Healing Centre is to provide long-term programming to persons abusing substances and to the chronically unemployed due to substance abuse. The facility stresses native content, including pipe ceremonies, talking circles, powwows and sweat lodges. The facility originally was all-encompassing, ranging from an individual, to a family; however, due to lack of federal funding, the family program was discontinued in March of 1997

and emphasis was directed toward male adolescents ages 12 to 17. The program which employs 70 per cent Aboriginal staff and serves primarily Aboriginal youth, offers a safe, structured environment with holistic treatment using the healing of Aboriginal teachings and tradition. Other components of the program include providing a work/school routine and teaching living skills including communication skills, job training and job placement opportunities. Academic upgrading is an integral part of the program. The average stay in the facility is approximately 90 to 120 days. The former St. John's Cathedral Boys School property is seen as the ideal location for the establishment as the buildings on site, such as the three storey residence and the school and gymnasium, lend themselves to the therapeutic program. Added to the above, was the repair of some buildings as well as the addition of a dining room and kitchen complex.



Original rectory of St. Peter's Church approx 1862. Later, Dynevor Indian Hospital, 1896 to 1957, serving as a tuberculosis treatment centre, then, as St. John's Cathedral Boys' School, from 1958 to 1990. Locals will remember that it was used as a polling station.

The goals of the centre are to eliminate dependency on the use of substances; develop an understanding of and confidence in one's role as an Aboriginal person in larger society; develop work/school routines and habits necessary for obtaining employment or entering an educational institution in the home community and to integrate the individual into the community as a productive member of society.

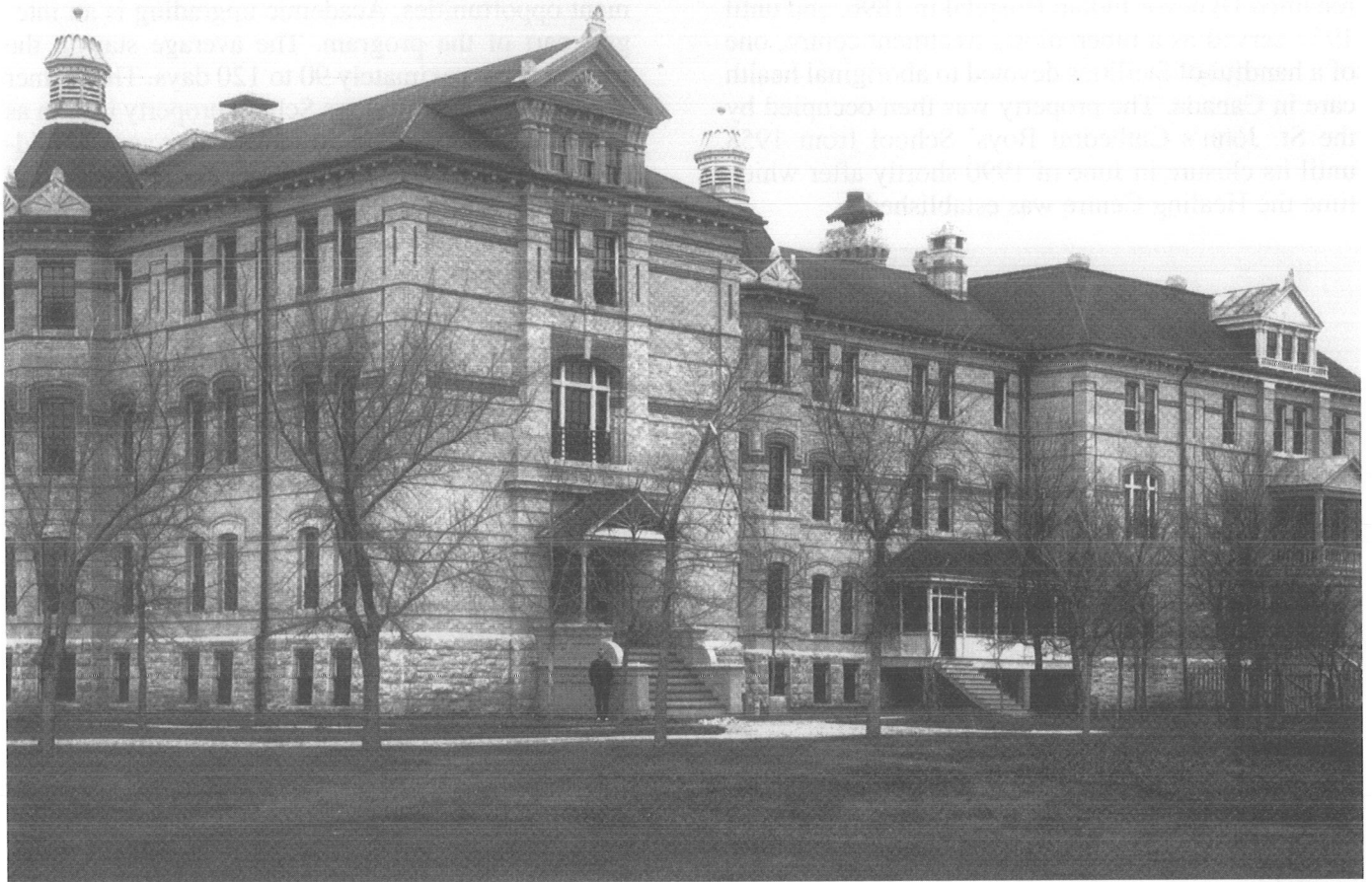
In order to fulfill the aboriginal teachings and traditions part of the program Elders from across Canada are invited to visit and remain on-site for extended periods of time so that their teachings and healing may be passed on to residents and staff alike. Program components emphasize increased responsibility for one's actions and behavior and

include developing an understanding and confidence in their role as a Native person.

Last but not least, the residents are helped to develop new and/or more appropriate social skills as well as new interests. Upon completion of the program, it is the hope that the resident is ready to

return to his home community with a renewed sense of cultural identity, purpose, and increased self-esteem, free of substance dependence.

A six month follow up of all discharged residents shows encouraging results.



Selkirk Mental Health Centre, 825 Manitoba Ave., Selkirk, MB, "The care of the human mind is the most noble branch of medicine."



Selkirk and District General Hospital, 100 Easton Drive, Selkirk, MB.

Fashion

Fashion In The Last Twenty Years, 1980-2000

by Irene J. Foster

Brand names, such as Nike, Boca, Levi's, Calvin Klein and Adidas have become so important for our youth. It is sad to think that some young people feel inferior if they don't have these brand names as there are other less expensive clothes that are just as serviceable and appealing.

The trend has been to loose, oversize clothing, if a sweater or T shirt wasn't three sizes too big it couldn't be worn. It seemed a disgrace to wear mitts, long sleeves just hung over the hands. There was enough material in youth's trousers to make two pair.

In 1997 there was a complete turn around as to sizing, the other extreme. Clothing for young adults had to be tightly fitted. Fashion styles do rotate; bare midriffs are in vogue probably from the influence of singer Shania Twain.

The trend has been for short, short skirts for the adults and long skirts for the pre-school and primary children which is a reverse from what it used to be.

Shoes have returned to the thick platform soles and heels popular in the 1970's. Hiking boots have been in fashion in the nineties not only for mountain climbing but for casual dress as well as dress-up.

Color codes change from season to season, it is a marketing and promotional plot. It has become a business to have one's skin tones coordinated with the colors you wear. Books have been written about following the season of Spring, Summer, Fall and Winter colors. The type of jewelry to be worn is coordinated with the color of clothing; silver for winters and gold for others.

There has been a free spirit movement in wearing what suits you and your figure compared to being dictated to by the fashion world.

Mens clothing seem to change less than women's, a three piece suit with a light colored shirt and a tie still holds the status of the person with authority.

Women wear slacks and pant suits for dress as well as casual. Pinstripe suits have had a revival, for both men and women.

New materials on the market create new types of clothing, a synthetic fleece in basic solid colors or abstract designs has become very popular for shirts and jackets.

Wrinkle free clothing is a gem to the busy lives of people in the nineties. Computerized sewing machines can produce a cut-lace effect on a fancy blouse, or trim T shirts.

Sweatshirts can have beautiful colored scenes painted or stencilled on them. Hot iron presses can create your own individual T shirt. Wearing fur has been challenged by the activist in animal rights and the Green Peace groups. While leather seems to be popular, one wonders about the rational. Melton cloth and leather has become a fashionable combination for jackets for clubs and organizations. Wonderful three-in-one cold weather jackets and coats are being produced. It is possible to wear all three together or one at a time. The outer shell is a processed synthetic combination of materials to make it waterproof and windproof.

Sorrel winter boots are a highly sought item for winter warmth, inner liners can be removed to dry overnight. We have had liners in boots for years but now it is the brand name that is important.

Fashion in the 80's and 90's has been practical, functional, comfortable as well as trendish and lavish. Cotton, the natural material, has made a huge revival, it breaths whereas polyester doesn't. Wool can be so fine and light that you can't believe it is wool; it is versatile and usually at least, hand washable.

Some wise person wrote that to be well-dressed was to be suitably dressed for the occasion, this vote seems to cover all situations. Fashion is fun as well, and, since you are usually seen before you are heard, you are often judged by the way you look, so the clothes you wear are important to your well-being in every aspect.

Grandma's Apron

Author unknown

submitted by Betty Erhart and Irma Erhart

When I was a little child, Grandma's garments made little impression on me. Her apron was a big affair of dark printed cotton, slow to soil and edged with bias tape. Its uses were limitless.

The apron made a basket when she gathered eggs from the henhouse in the afternoon. If there were fluffy chicks to be carried to the back porch during a sudden cool spell, they made the trip peeping contentedly in Grandma's apron. When those little darlings grew to henhood and liked to peck and scratch in Grandma's flowers, she flapped her apron at them and they ran squawking to the chicken house. I can see her yet, tossing cracked corn to the hungry flock from her apron.



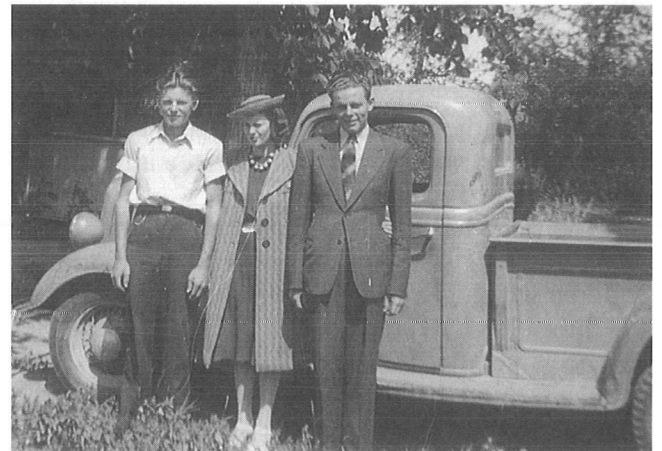
"Granny Prince" taken in front of her summer kitchen on Muckle Creek.

Lots of chips and kindling were needed to start fires in the big iron range in Grandma's kitchen and she carried them in her apron as she came across the yard. Vegetables and fruits, too – lettuce, radishes, peas, string beans, carrots, apples, peaches, all found their way to the kitchen via Grandma's carry-all. (Nowadays the gals carry what they call "tote

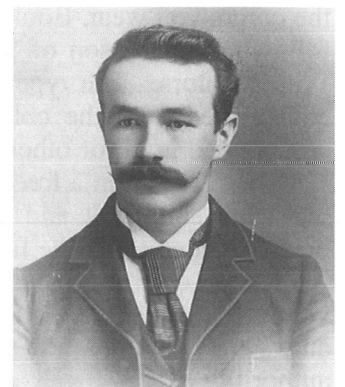
bags", but they can't get as much into the bag as Grandma got into her apron). When things were cooking, the end of the apron made a good holder for lifting lids and pans from the stove or moving them to the back so they could simmer. If the men were within sight of the house, the flapped apron aloft was the signal "come to dinner". At threshing time or company time, Grandma hovered over the table, passing aromatic dishes to all the company and flapping her apron at pesky flies.

When Grandma came to visit, the apron was ready to dry childish tears. If the little ones were shy, it made a good hiding place in case a stranger appeared unexpectedly. The apron was used countless times to stroke a perspiring brow as Grandma bent over the hot wood stove, or hoed the garden under the blistering sun. In cool weather, the apron made a friendly garment to wrap around her arms to keep off the chill when Grandma said good-bye to a parting guest or hurried on an errand. Hastily and a bit slyly, it dusted tables and chairs if company was sighted coming down the lane. In the evening when the work was done, she shed her garment of many uses and draped it over the canary cage.

Fashion Flashbacks



Archie, Mildred & Campbell Waddell beside dad's truck, 1938.



Male style, circa 1893.



Mary Jane Donald-Harper.



Taken Oct. 16, 1918. Suit, leggings over shoes.



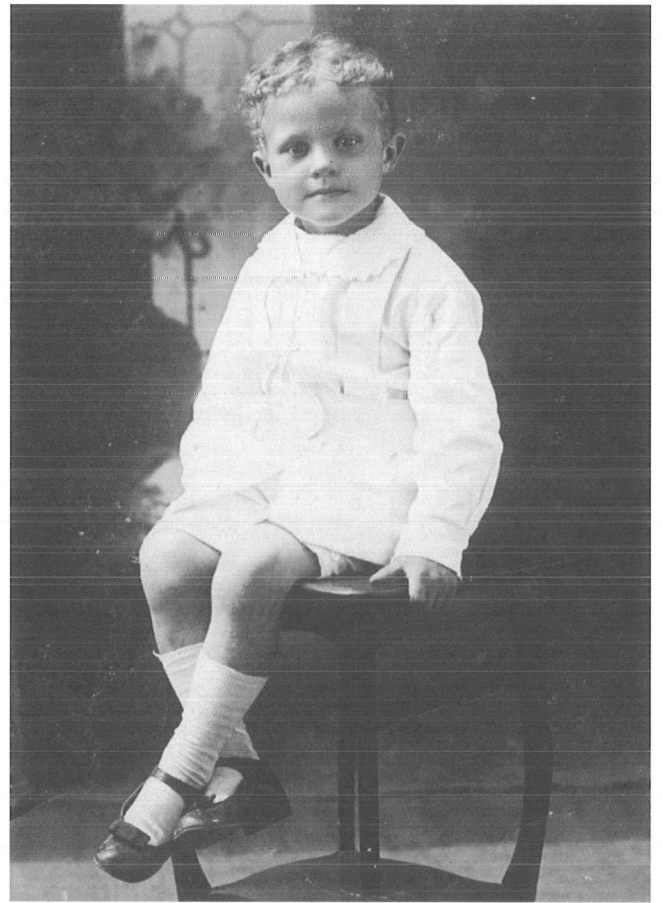
Betty McDonald.



Fur collar on cloth coat worn by Dorothy (McDonald) Price.



Tight waist, gores and apron frills with cape.



Boy on stool.



Mildred Waddell, Oct. 1920, now Mildred Johnston.



Ethel (Linklater) Bennet – early 1900's.